

A CASE OF LARGE ANEURISM OF THE EXTERNAL ILIAC
ARTERY APPARENTLY CURED BY MACEWEN'S
METHOD OF NEEDLING.

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SURGEON TO BELLEVUE AND SAINT VINCENT'S HOSPITALS

THE patient's name is J. W. Aged thirty-five. Boodbinder ; moderate drinker ; family history negative. Had a venereal sore on penis, with the history of a soft chancre, some years ago. About twenty-two months ago, while lifting a heavy weight, that for better support was pressed against his right inguinal region, he experienced a tearing sensation at that situation. The sensation was quickly followed by a pulsating tumor above Poupart's ligament.

He visited the Hospital for the Ruptured and Crippled under the impression that he was suffering from hernia, but was referred to the Polyclinic, at which place he was seen by a surgeon, who put him in bed and introduced something into the tumor, which he understood to be wire. However, he said that he experienced no benefit from this measure, which plan was quickly followed by the application of "weight" directly to the tumor, but without noticeable (to him) benefit. Owing to closure of the hospital he returned home, keeping the weight applied, but without advantage.

On the 30th of July, 1891, he went to St. Vincent's Hospital, at which time he came under my notice. At this time he had a large aneurismal tumor, connected apparently with the external iliac artery of the right side. In view of the past history of the treatment it was deemed wise to employ the needling process of Macewen, before attempting any other measure. At this time he was seen in consultation by Drs. Stephen Smith and Gouley, who concurred in the diagnosis.

On the 9th of July needles were employed after the manner of Macewen. These needles were made for the purpose, one $\frac{1}{2}$ mm., one $\frac{3}{4}$ mm., and one 1 mm. in diameter. In the presence of Drs. Smith, Gouley, Girdner, and the members of the house staff two ($\frac{1}{2}$ and $\frac{3}{4}$ mm.) were carried into the tumor to the opposite side. It was difficult, indeed, to distinguish whether or not the opposite side of

the tumor was infringed on by the needle points, owing to their small diameters and flexibility, and the thickness of the walls of the tumor. However, after half an hour's teasing of the lining of the tumor at different points, two of the needles were allowed to remain *in situ* for twenty-four hours, and then removed. No appreciable change took place in the size, density, bruit or pulsation of the growth resulting from this attempt.

On the 15th (six days later) the needles were again introduced, this time by Dr. Stephen Smith, as I could not be present. Larger needles at this time, "1 mm. and $1\frac{1}{2}$ mm.," were used. They were introduced and manipulated in a similar manner as in the first instance, but were permitted to remain forty-eight hours instead of twenty-four, when they were removed by myself. Within a week following this introduction the bruit lessened, and at times could be scarcely heard, and finally disappeared entirely within two weeks. The previously severe pain, due to pressure, lessened, the tumor hardened, and finally, within less than three weeks, no evidence whatever of pulsation could be detected in it. Since this time slow contraction has taken place, but as yet the growth appears formidable in size; all pain ceased long since, and the patient has been around the wards of Bellevue, to which hospital he was transferred some months ago. It is proper to say that at the time the pulsation and bruit were scarcely perceptible, the tumor appeared to enlarge rapidly in the circumference, due as was then supposed to a leak in the sac. However, since then, as before remarked, nothing of unfavorable import has appeared.

The tumor now extends nearly across the brim of the pelvis, and encroaches upon the region of the umbilicus, then involving the upper portion of Scarpa's triangle. Rectal examination discloses no features of aneurismal nature, except the hard, elastic remains of what was once a much larger tumor, enlivened with the phenomena of aneurismal activity.

Whether the needles cured this case, or cure was coincident with that measure I cannot say. At all events the closeness of their associations, together with the good results of this method already reported by Macewen, entitles it to our consideration, and perhaps to the belief that the benefit noted came from the treatment alone in this case.

Since reading the above, careful examination reveals returning pulsation of such a mild type as to lead to doubt on the part of some if pulsation be present at all. However, I am convinced of its presence. No other aneurismal manifestation is noticeable.